

FEC FORM 5

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90007907 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M

 /

D D

 /

Y Y Y Y

THROUGH

M M

 /

D D

 /

Y Y Y Y

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

6199.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Anne Saer

10/26/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

326.00

City State Zip Code
Redwood City CA 94065Purpose of Expenditure
List rentalCategory/
Type 006Office Sought: ☒ House State: IN
House ☐ Senate District: 2
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Chris ChocolaDisbursement For: ☐ Primary ☐ GeneralCalendar Year-To-Date Per Election
for Office Sought .00☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

326.00

City State Zip Code
Redwood City CA 94065Purpose of Expenditure
List rentalCategory/
Type 006Office Sought: ☒ House State: IN
House ☐ Senate District: 9
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Mike SodrelDisbursement For: ☐ Primary ☐ GeneralCalendar Year-To-Date Per Election
for Office Sought .00☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

326.00

City State Zip Code
Redwood City CA 94065Purpose of Expenditure
List rentalCategory/
Type 006Office Sought: ☒ House State: IN
House ☐ Senate District: 8
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John HostettlerDisbursement For: ☐ Primary ☐ GeneralCalendar Year-To-Date Per Election
for Office Sought .00☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

978.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 shoreline Dr

Amount

326.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure
List rentalCategory/
Type

006

Office Sought:

☒

House

State: KY

House

☐

Senate

District: 3

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Anne Northup

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

326.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure
List rentalCategory/
Type

006

Office Sought:

☒

House

State: MN

House

☐

Senate

District: 1

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Gil Gutknecht

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

3265.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure
List rentalCategory/
Type

006

Office Sought:

☒

House

State: NC

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Charles Taylor

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures

3917.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

326.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure
List rentalCategory/
Type

006

Office Sought:

☒

House

State: NM

House

☐

Senate

☐

President

District: 1

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Heather Wilson

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
Care 2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

326.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure
List rentalCategory/
Type

006

Office Sought:

☒

House

State: NV

House

☐

Senate

☐

President

District: 3

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Jon Porter

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6Mailing Address
275 Shoreline Dr

Amount

326.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure
List rentalCategory/
Type

006

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
John Sweeney

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures

978.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Care2

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address
275 Shoreline Dr

Amount

326.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure

List rental

Category/
Type

006

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 29

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Randy Kuhl

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

326.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

6199.00